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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|----------------------|
| Attorney Docket Number | 7024-507 |
| First Named Inventor | Jochen A. LAUTERBACH |
| COMPLETE IF KNOWN | |
| Application Number | / |
| Filing Date | |
| Art Unit | |
| Examiner Name | |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR SIMULTANEOUS COLLECTION OF TIME RESOLVED
INFRARED SPECTRAL INFORMATION FROM MULTIPLE SAMPLES**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 17 July 2000 (17.07.00) as United States Application Number or PCT International

Application Number PCT/US00/19325 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|----------|----------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | | | YES | NO |
| 60/144,302 60/185,680 | US US | 07/16/1999 02/28/2000 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

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|--|--|--------------------------------------|---|--|------------------------------|--|
| Direct all correspondence to: <input type="checkbox"/> | | Customer Number or Bar Code Label | <input style="width: 100px;" type="text"/> | OR <input checked="" type="checkbox"/> | Correspondence address below | |
| Name Troy J. Cole Woodard, Emhardt, Naughton, Moriarty & McNett | | | | | | |
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| City Indianapolis | | | State IN | ZIP 46203 | | |
| Country US | | Telephone 317-634-3456 | | Fax 317-637-7561 | | |
| <small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small> | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name Jochen A. (first and middle [if any]) | | | Family Name LAUTERBACH or Surname | | | |
| Inventor's Signature | | | Date | | | |
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| City West Lafayette | | State IN | ZIP 47906 | Country US | | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name Christopher M. (first and middle [if any]) | | | Family Name SNIVELY or Surname | | | |
| Inventor's Signature | | | Date | | | |
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| Mailing Address 65932 McGregor Road | | | | | | |
| City Bellaire | | State OH | ZIP 43906 | Country US | | |
| <input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | |

Please type a plus sign (+) inside this box →



PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>4</u> |
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| | | | |
|---|----------|---|----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Jan P. | | DICKE | |
| Inventor's Signature | | | Date |
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| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Gudbjorg | | OSKARSDOTTIR | |
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| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | | Date |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |

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REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

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